

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
Middle Name: _____ Suffix: _____

Step 2: Project Update/Annual Assessment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date: * _____

Case Assignment: *: _____

Health Insurance:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Yes, Type: *

- ☐ Private – Employer
- ☐ Private – Individual
- ☐ Medicare
- ☐ Medicaid
- ☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- ☐ Military Insurance
- ☐ State Funded (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other Public
- ☐ Other _____

Status: *

☐ Active

☐ Start Date: _____

☐ End Date: _____

☐ No

☐ Applied; decision pending

☐ Client Doesn't Know

☐ Applied; client not eligible

☐ Client Refused

☐ Client did not apply

☐ Data Not Collected

☐ Insurance type N/A for this client

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Currently Fleeing:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

If yes, when experience occurred:*

- ☐ Within the past three months
☐ Three to six months ago (excluding 6 months exactly)
☐ Six months to one year ago (excluding 1 year exactly)
☐ One year ago or more
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Medical Assessment:*

Medical Assistance Type:*

- ☐ Receiving public HIV/AIDS medical assistance
☐ Yes ☐ No

If No, Reason No (if applicable):

- ☐ Applied; decision pending
☐ Applied; client not eligible
☐ Client Did Not Apply
☐ Insurance Type N/A for this Client
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

- ☐ Receiving AIDS Drug Assistance Program (ADP)
☐ Yes ☐ No

If No, Reason No (if applicable):

- ☐ Applied; decision pending
☐ Applied; client not eligible
☐ Client Did Not Apply
☐ Insurance Type N/A for this Client
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

T-Cell (CD4) Count Available:*

- ☐ Yes Date: * _____ T-Cell Count: * _____ ☐ Client Report
☐ No ☐ Medical Report

Viral Load Available:*

- ☐ Yes Date: * _____ Viral Load: * _____ ☐ Client Report
☐ No ☐ Medical Report

Financial Assessment:* Cash Income: * ☐ Yes ☐ No

- ☐ Earned Income \$ _____
☐ Private Disability Insurance \$ _____
☐ Unemployment Insurance \$ _____
☐ Worker's Compensation \$ _____
☐ Pension From Former Job \$ _____
☐ Supplemental Security Income \$ _____
☐ Social Security Disability Income \$ _____
☐ Retirement (Social Security) \$ _____
☐ Alimony \$ _____
☐ VA Service-Connected Disability \$ _____
☐ VA NonService-Connected Disability \$ _____
☐ TANF \$ _____
☐ Child Support \$ _____
☐ Other Income \$ _____

Non Cash Benefits: * ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
☐ Special Supplemental Nutrition Program (WIC)
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF Funded Services
☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
☐ Temporary Rental Assistance (RRH) \$ _____
☐ Other Source

Adult Education Assessment:*

Currently in School/Working on Degree:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:*

- ☐ No School Completed ☐ Client Doesn't Know
☐ Nursery School to 4th ☐ Client Refused
☐ 5th Grade or 6th Grade
☐ 7th Grade or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12 Grade, No Diploma
☐ High School Diploma
☐ GED
☐ Post-Secondary School

Child Education Assessment:*

Highest Grade Completed:*

- ☐ No School Completed
☐ Nursery School to 4th Grade
☐ 5th Grade or 6th Grade
☐ 7th Grade or 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ 12 Grade, No Diploma
☐ High School Diploma
☐ GED
☐ Post-Secondary School
☐ Client Doesn't Know
☐ Client Refused

Secondary Education:*

- ☐ None
☐ Associates Degree
☐ Bachelors
☐ Masters
☐ Doctorate
☐ Other Graduate/Professional Degree
☐ Certificate of Advanced Training or Skilled Artisan
☐ Client Doesn't Know
☐ Client Refused

Current Enrollment Status:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:*

- ☐ Public School ☐ Technical/Career
☐ Homeschool ☐ Client Doesn't Know
☐ Charter ☐ Client Refused
☐ Parochial or Other Private School

School Name:*

Connected w/McKinney-Vento School Liaison?*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date:_____

Reason Not Enrolled:_____